

Situation Update #41- Coronavirus Disease 2019 (COVID-19)

WHO Country Office for Nepal

Reporting Date: 20 – 25 January 2021

HIGHLIGHTS*

- Of the total COVID-19 positive cases, 98.1% of cases have recovered; 1.2% (3240) of cases are active; and 77.7% of active cases (2504) are in home isolation.
- Of the total COVID-19 deaths, 97% of the deaths occurred in hospital. The most common co-morbidity identified in fatal cases was hypertension (39.9%).
- There are three districts with no active cases, one district with more than 200 active cases. Kathmandu district alone has more than 500 active cases as of 25 January 2021. New cases have been reported from 38 districts.
- Out of the total active cases, 736 (22.7%) patients were admitted to hospital/institutional isolation centers of which 137 (4.2%) patients are in intensive care (ICU) with 19 patients requiring ventilator support.
- One million doses of COVISHIELD Vaccine and an adequate quantity of laboratory commodities and PPE are in stock. First phase of COVID-19 Vaccination is to begin from 27 January 2021 all over the country.

*Data as of COVID-19 Update, MoHP, 25 January 2021

SITUATION OVERVIEW

NEPAL

(Data as of 26 January 2021, 07:00:00 hours)

269,788 confirmed cases

2,011 deaths

2,048,113 RT-PCR tests

SOUTH-EAST ASIA REGION

(Data as of 24 January 2021, 10am CET)

12,656,504 confirmed cases

194,449 deaths

GLOBAL

(Data as of 24 January 2021, 10am CET)

98,280,844 confirmed cases

2,112,759 deaths

NEPAL EPIDEMIOLOGICAL SITUATION

- As of 26 January 2021, T07:00:00 hours (Week no. 4), a total 269,788 COVID-19 cases were confirmed in the country through polymerase chain reaction (RT-PCR); 20,48,113 RT-PCR tests have been performed nationwide by 82 designated COVID-19 labs functional across the nation of which 47 are public laboratories.
- All 7 provinces in the country are now experiencing transmission via clusters of cases.
- Province-wise test positivity rate in the past week (Week 3) ranged from 0% (Karnali Province) to 18.7% (Gandaki Province), with national positivity rate averaging 8.6%.
- Overall, the sex-distribution remains skewed towards males, who constitute 65% (175,401/269,788) of the confirmed cases.
- A total of 39 samples were received for influenza testing at National Influenza Center, National Public Health Laboratory (NPHL) on EPID-week 3 (18 – 24 Jan, 2021) of which none of the samples tested positive for influenza. From 4-24 Jan 2021, a total of 145 samples have been tested for influenza and SARS-CoV-2 of which only two samples had tested positive for SARS-CoV-2 (all positive cases are included in the COVID-19 database).

Figure 1: WHO SEAR countries: Number of COVID-19 confirmed cases (data as of 24 January 2021 from #Global Weekly Epidemiological Update 24) and cumulative incidence rate (per 100,000)

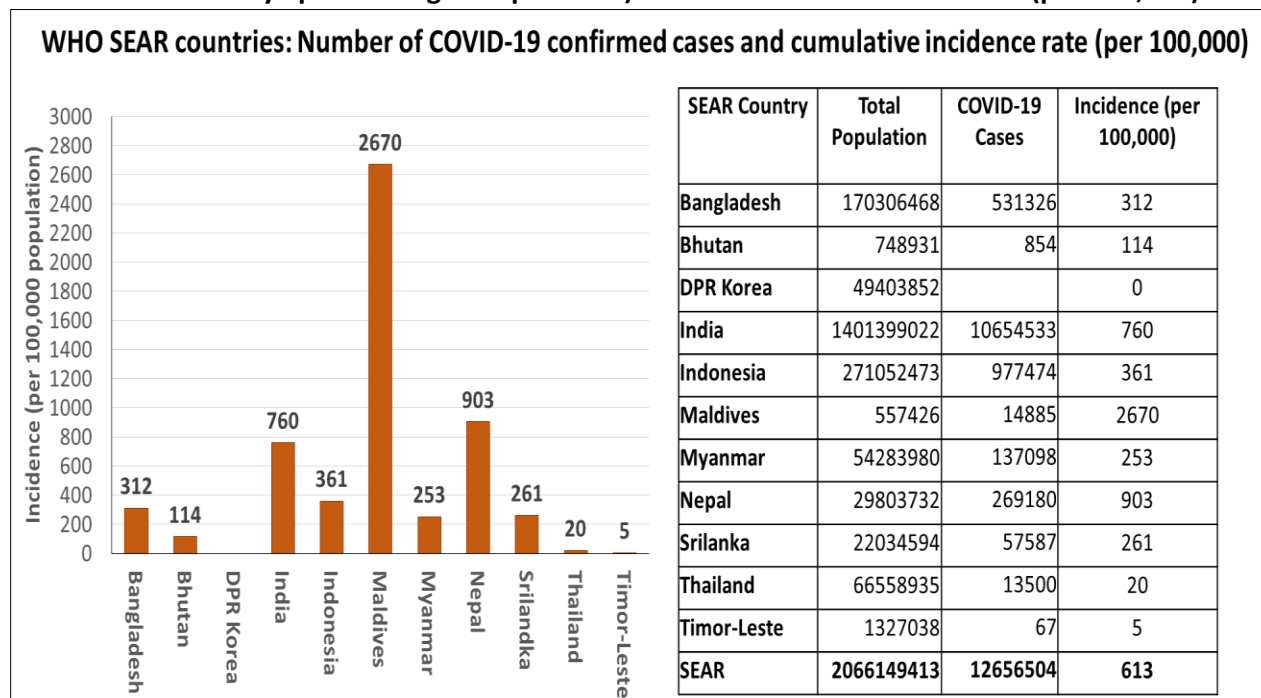
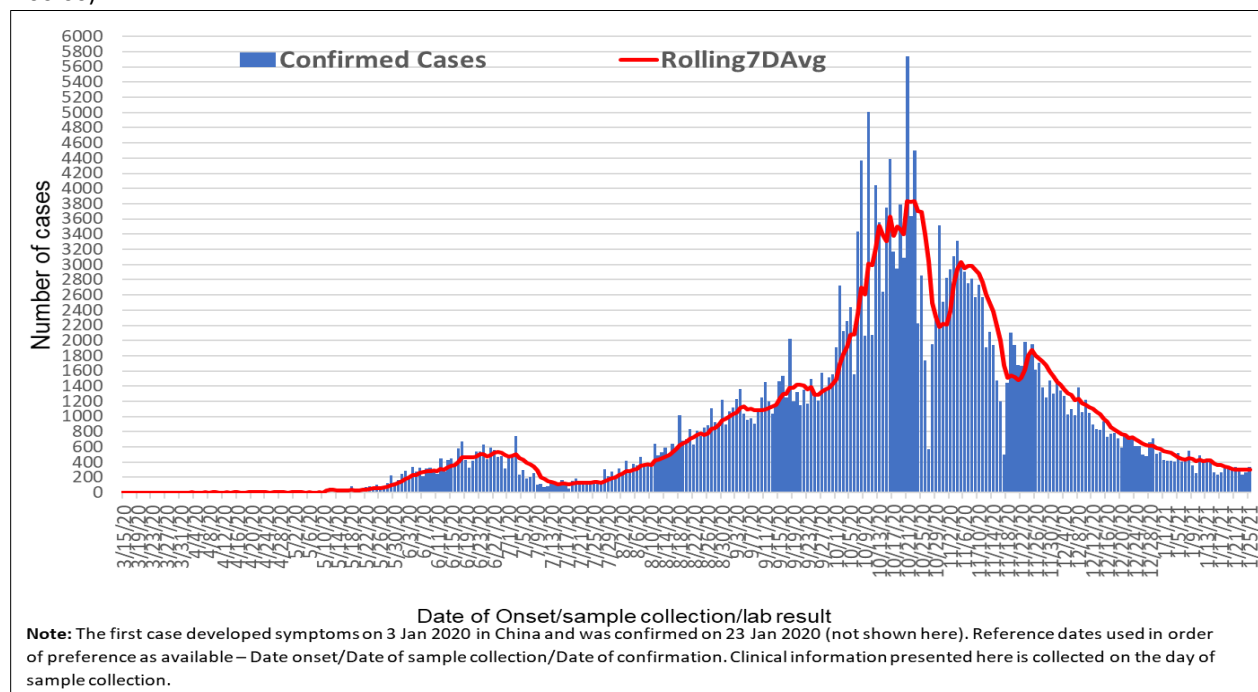
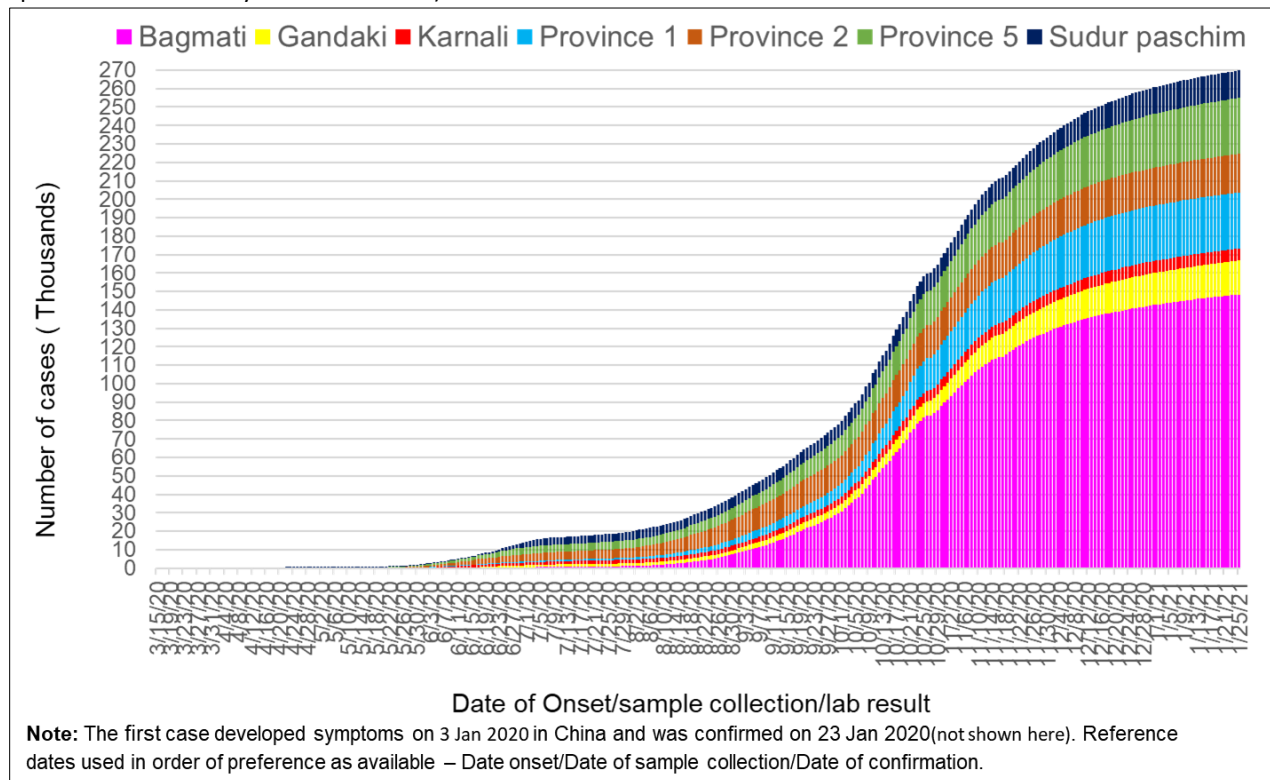


Figure 2 A: Laboratory confirmed COVID-19 cases and average number of COVID-19 cases over the last seven days, by date of onset/sample/confirmation (N = 269788) (Data updated on 26 January 2021 TO 7:00:00)



Nationally, the second surge began in mid-July of 2020, which peaked by the end of October and is currently showing an apparent downward trend, influenced partly by the significant decrease in the number of tests being done. The total PCR tests done in Nepal on 25 January 2021 was 4858 which is about one fourth of the number tested during the peak at the end of October 2020.

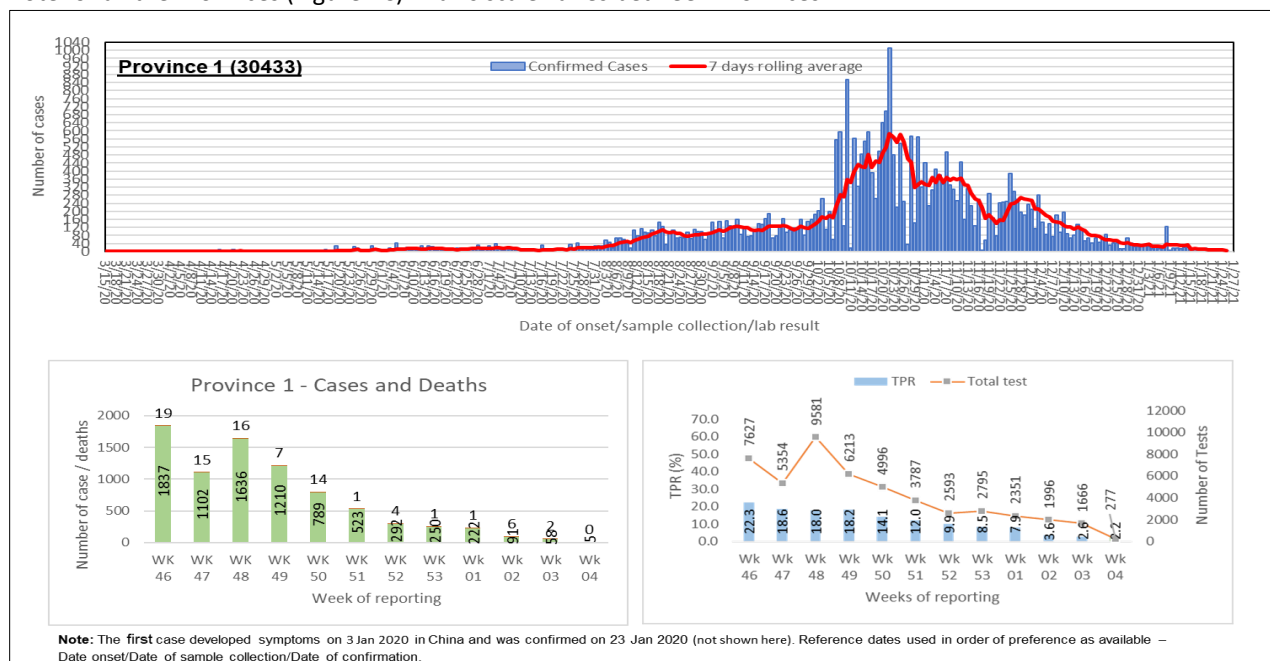
Figure 2B: Cumulative case count of laboratory-confirmed COVID-19 by province (N = 269788) (Data updated on 26 January 2021 T0 7:00:00)



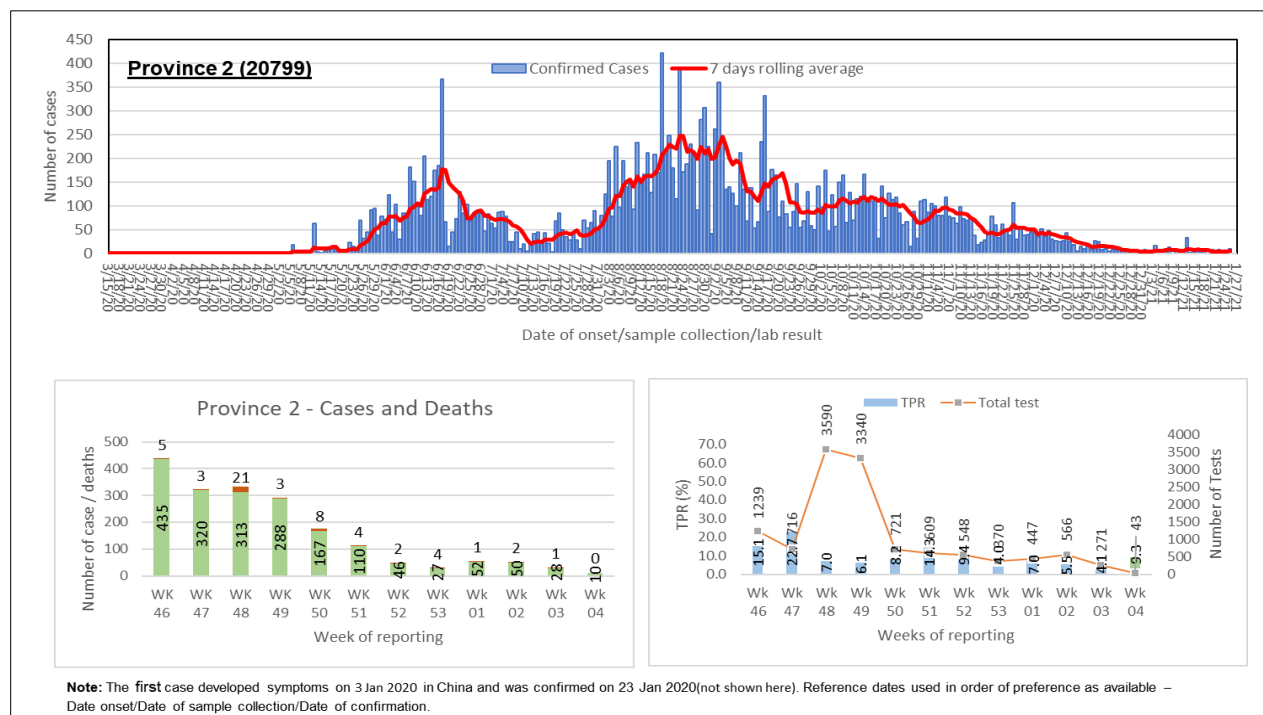
The cumulative case incidence has been increasing in Nepal since the first case confirmed on 23 January 2020. Cases have been largely reported from Bagmati Province followed by Lumbini Province and Province 1.

Figure 2C: Lab confirmed COVID-19 cases: Trend of cases, 7-days rolling average, weekly cases and deaths and Test Positivity Rate (N = 269788) (Data updated on 26 January 2021 T0 7:00:00)

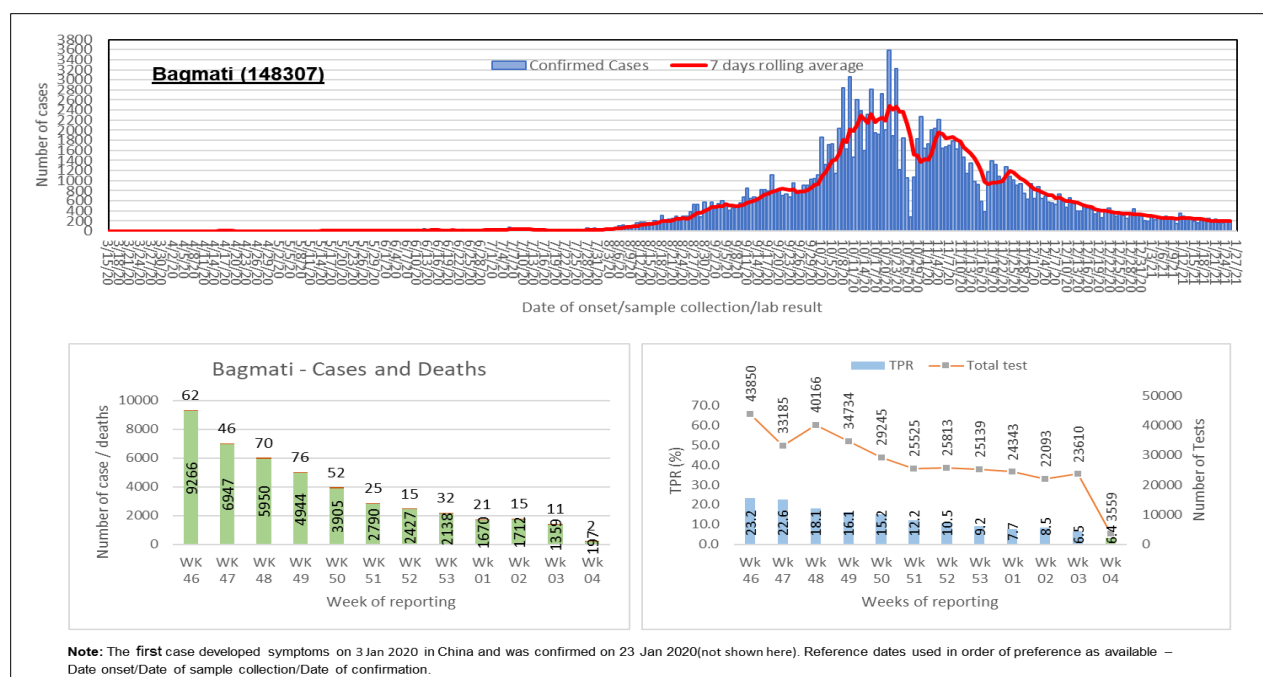
Note for all the Provinces (Figure 2C): Y-axis scale varies between Provinces



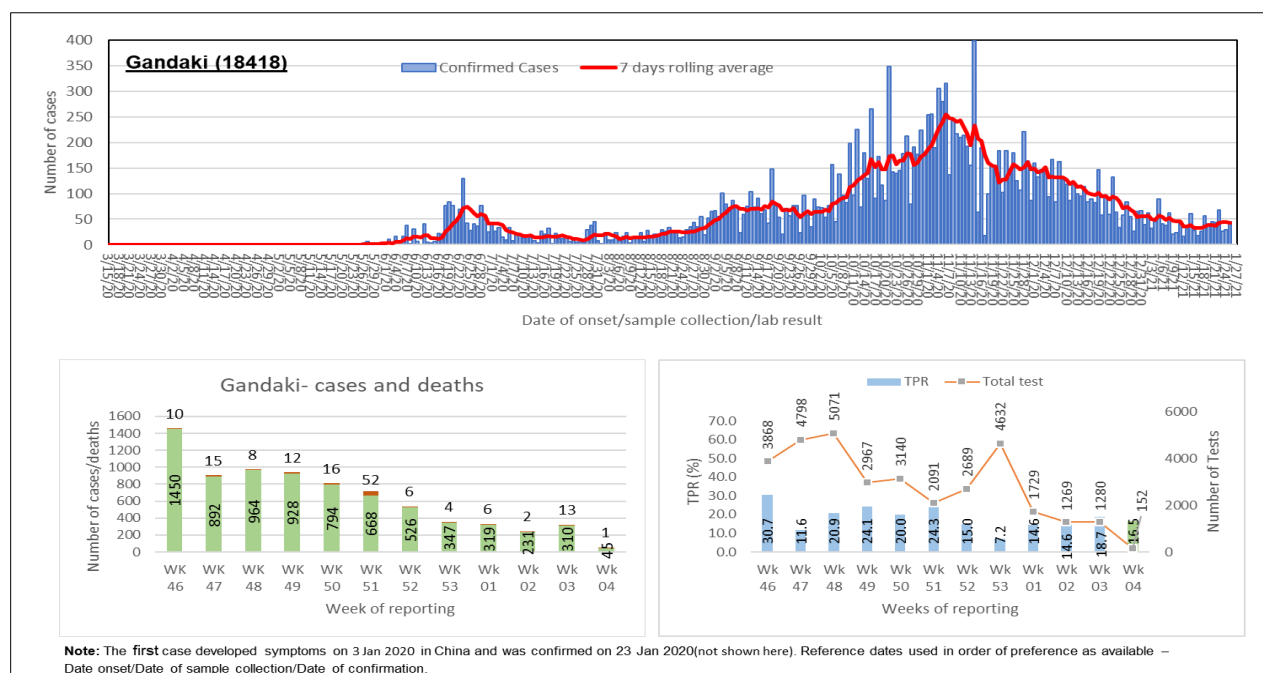
There were 58 new cases reported in the past week in Province 1. Since a peak in October, weekly new cases have continued to decrease and fell by 36% in the past week compared to the previous week. There were 2 deaths reported in the past week, 67% less compared to the previous week. The test positivity rate in Province 1 has continued to decrease to a low of 2.6% in the past week. A total of 1666 tests were performed in the past week, a 17% decrease from that of the previous week.



There were 28 new cases reported in the past week in Province 2. Weekly new cases are continuously decreasing and fell by 44% in the past week compared to the previous week. There was 1 death reported in the past week, two times less than the previous week. The test positivity rate in Province 2 has continued to decrease to a low of 4.1% in the past week. A total of 271 tests were performed in the past week, a 52% decrease from that of the previous week.

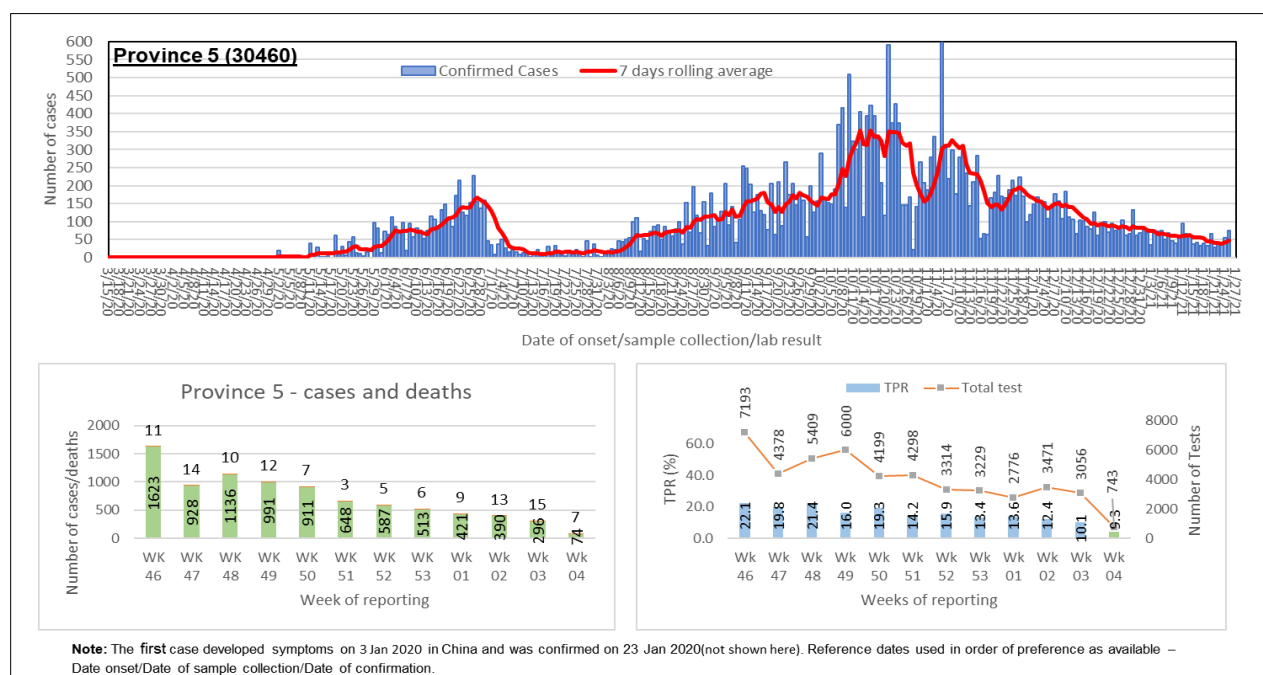


In Bagmati, 1359 new cases were reported in the past week. Weekly new cases are steadily decreasing and fell by 21% in the past week compared to the previous week. There were 11 deaths reported in the past week, 27% less compared to the previous week. The test positivity rate in Bagmati has shown a decreasing trend to a low of 6.5% in the past week. A total of 23610 tests were performed in the past week, 7% increase from that of the previous week.

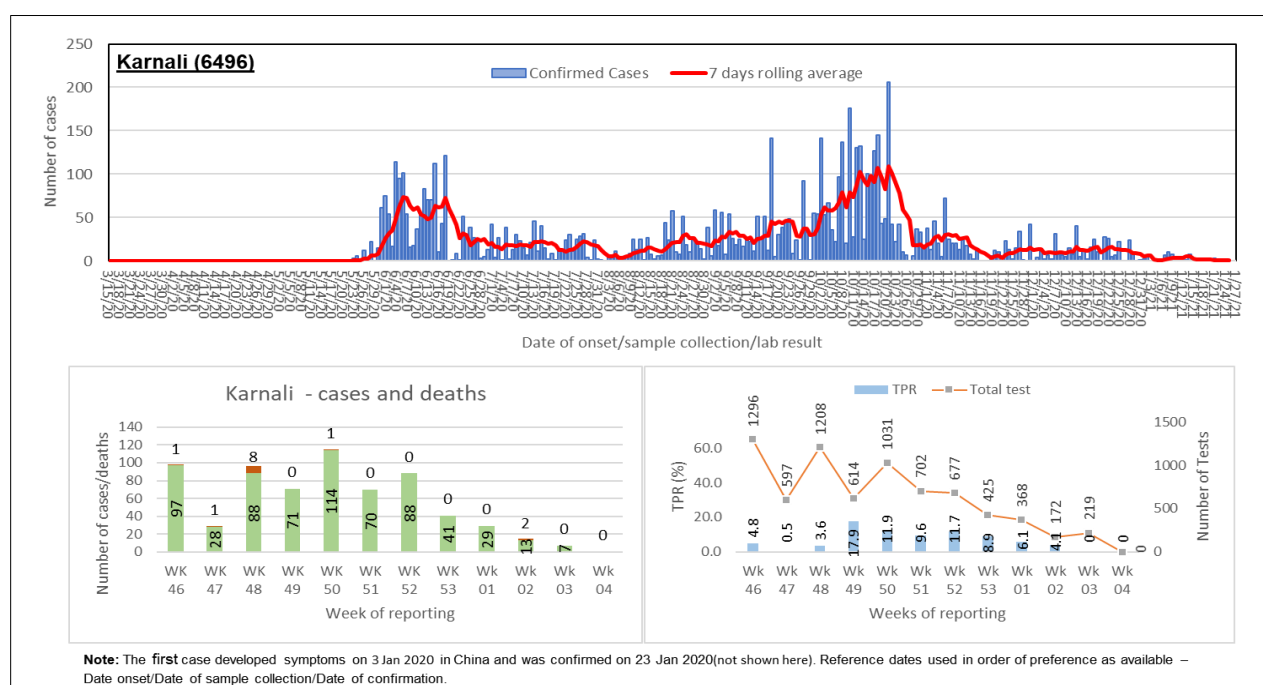


Gandaki reported 310 new cases and 13 deaths in the past week. The number of new cases being reported has fallen considerably since a peak in Week 45 when there were 1,722 new cases. The number of new cases increased by 34% in the past week compared to the previous week while deaths increased by 6 times that of the previous week. The test positivity rate in Gandaki

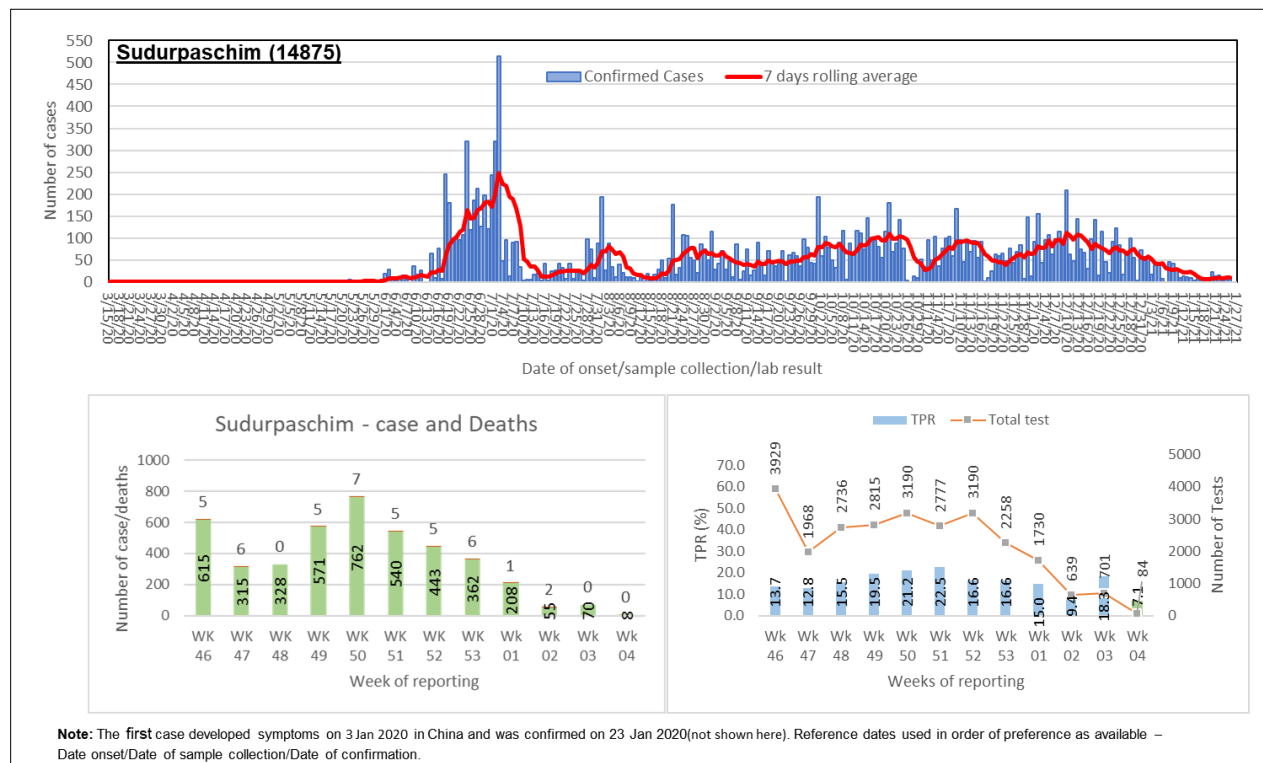
increased to 18.7% in the past week. A total of 1280 tests were performed in the past week, a 1% increase from that of the previous week.



Lumbini reported 296 new cases and 15 deaths in the past week. The number of new cases being reported has fallen significantly since a peak in Week 45 when there were 2,288 new cases. The number of new cases fell by 24% in the past week compared to the previous week while deaths increased by 15% than that in the previous week. The test positivity rate in Lumbini has shown a relatively decreasing trend with 10.1% in the past week. A total of 3056 tests were performed in the past week, a 12% decrease from that of the previous week.

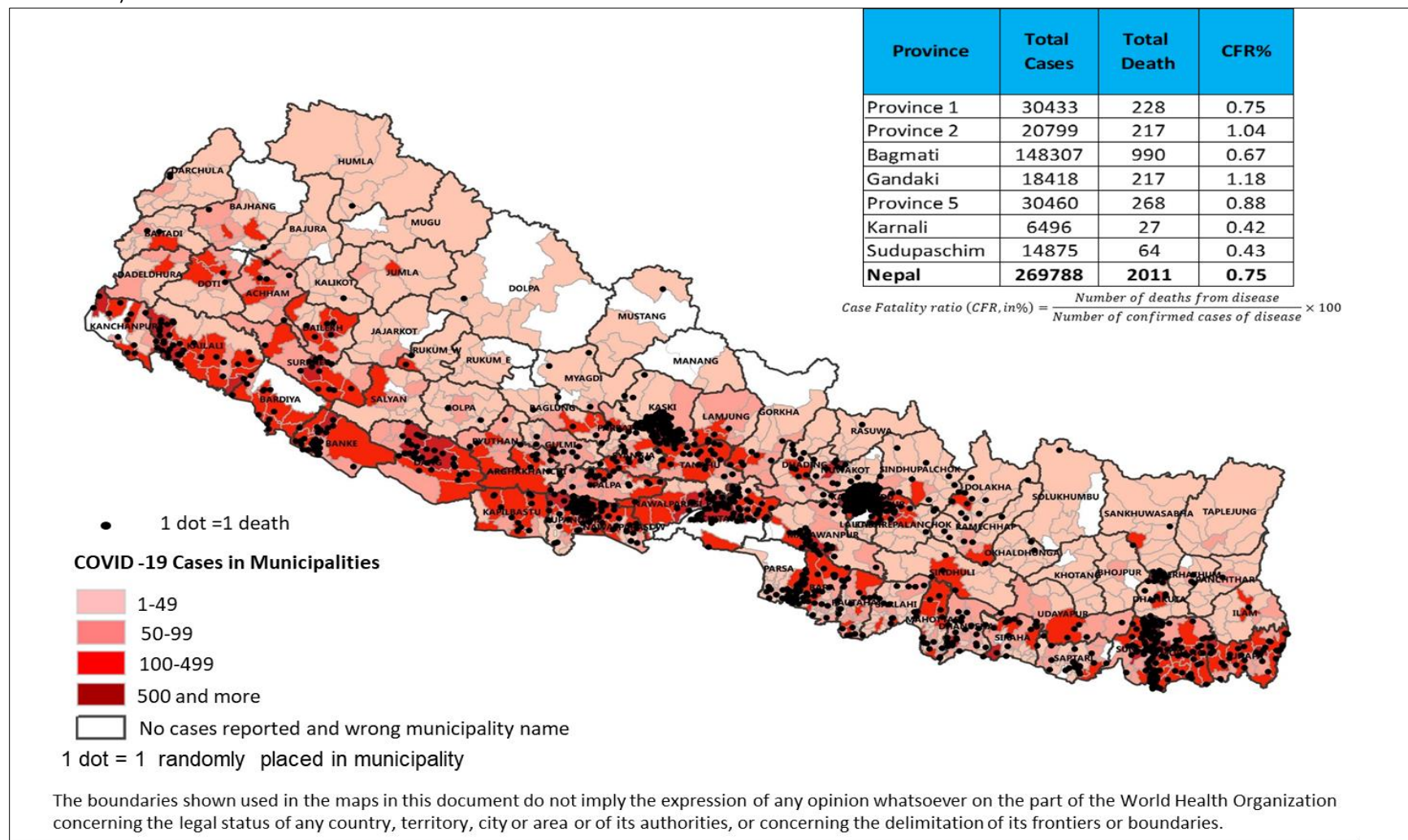


In Karnali, 7 new cases were reported in the past week. Since cases peaked in week 42, a weekly decrease in new cases has continued with a decrease by 46% in the past week compared to the previous week. There were no deaths reported in the past week, compared to two deaths in the previous week. The test positivity rate in Karnali dropped to 0% in the past week. A total of 219 tests were performed in the past week, 27% increase from that of the previous week.



In Sudurpashchim, 70 new cases were reported in the past week. Weekly, new cases are continuously decreasing and fell by 27% in the past week compared to the previous week. There were no deaths reported in the past week, compared to 2 deaths in the previous week. The test positivity rate in Sudurpashchim has increased to a high of 18.3% in the past week. A total of 701 tests were performed in the past week, a 10% increase from that of the previous week.

Figure 3: National -Municipalities (By domicile) with reported laboratory-confirmed COVID-19 cases and deaths (N = 269788) (Data updated on 26 January 2021 TO 7:00:00)



Cases and deaths have been reported in high numbers from Bagmati Province, mostly from Kathmandu valley area. The overall case fatality ratio (CFR) of Nepal is 0.75%. However CFR is relatively high in Province 2 with 1.04% and Gandaki Province with 1.18%.

Table 1: Summary of laboratory-confirmed COVID-19 cases, deaths and transmission by provinces.

(N = 269788)(Data updated on 26 January 2021 TO 7:00:00)

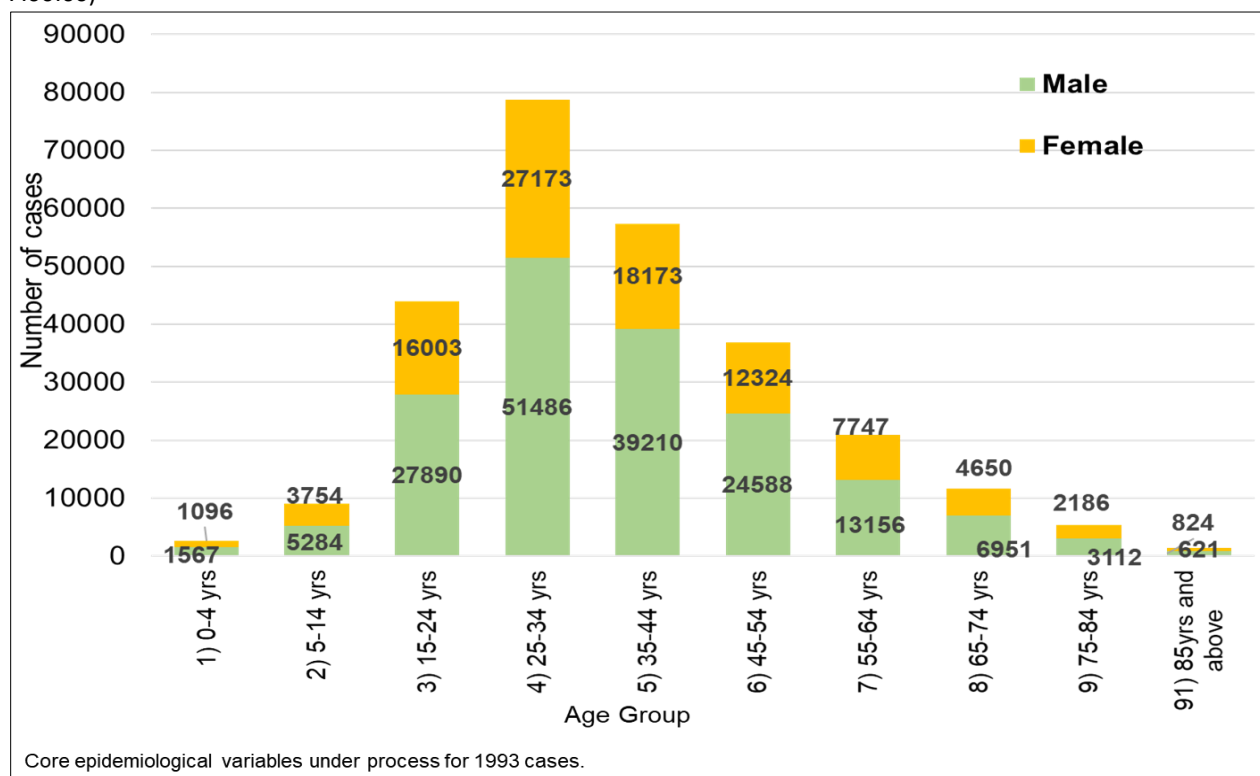
Reporting Province	Total confirmed cumulative cases	% of the total confirmed cumulative cases	Total cumulative deaths	Transmission classification*	Total confirmed cases in last 14 days	Total deaths in last 14 days
Province 1	30433	11.3	228	Cluster of cases	135	5
Province 2	20799	7.7	217	Cluster of cases	84	3
Bagmati	148307	55.0	990	Cluster of cases	2912	25
Gandaki	18418	6.8	217	Cluster of cases	542	16
Province 5	30460	11.3	268	Cluster of cases	704	32
Karnali	6496	2.4	27	Cluster of cases	20	1
Sudurpashchim	14875	5.5	64	Cluster of cases	124	2
National Total	269788	100	2011	Cluster of cases	4521	84

- Date of last case is the date of onset or date of sample collection or date of lab report based on information available.

*Revised [WHO transmission classification](#)

Category name	Definition : Countries/territories/areas with:
No (active) cases	No new cases detected for at least 28 days (two times the maximum incubation period), in the presence of a robust (where COVID-19 surveillance is not robust, a lack of identified cases should not be interpreted as an absence of transmission) surveillance system. This implies a near-zero risk of infection for the general population.
Imported / Sporadic cases	Cases detected in the past 14 days are all imported, sporadic (e.g. laboratory acquired or zoonotic) or are all linked to imported/sporadic cases, and there are no clear signals of further locally acquired transmission. This implies minimal risk of infection for the general population.
Clusters of cases	Cases detected in the past 14 days are predominantly limited to well- defined clusters that are not directly linked to imported cases, but which are all linked by time, geographic location and common exposures. It is assumed that there are a number of unidentified cases in the area. This implies a low risk of infection to others in the wider community if exposure to these clusters is avoided.
Community transmission – level 1 (CT1)	Low incidence of locally acquired, widely dispersed cases detected in the past 14 days, with many of the cases not linked to specific clusters; transmission may be focused in certain population sub-groups. Low risk of infection for the general population.
Community transmission – level 2 (CT2)	Moderate incidence of locally acquired, widely dispersed cases detected in the past 14 days; transmission less focused in certain population sub- groups. Moderate risk of infection for the general population.
Community transmission – level 3 (CT3)	High incidence of locally acquired, widely dispersed cases in the past 14 days; transmission widespread and not focused in population sub-groups. High risk of infection for the general population.
Community transmission – level 4 (CT4)	Very high incidence of locally acquired, widely dispersed cases in the past 14 days. Very high risk of infection for the general population.

Figure 4: Distribution of COVID-19 cases by age and sex (N = 267795) (Data updated on 26 January 2021 TO 7:00:00)



Overall, the sex-distribution remains skewed towards males. The incidence of cases is higher in the economically productive age group (15-54 years) for both males and females.

Table 2: Age Specific Case Fatality Ratio and Co-morbidity of Deaths* in COVID-19 confirmed cases (N = 269788) (Data updated on 26 January 2021 TO 7:00:00)

Age Group	Total confirmed cases	Death (male)	Death (female)	Deaths with any known comorbid condition	Age specific case fatality ratio (%)
0-4 yrs	2663	2	4	2	0.23
5-14 yrs	9038	3	2	5	0.06
15-24 yrs	43893	22	25	32	0.11
25-34 yrs	78659	59	34	45	0.12
35-44 yrs	57383	114	55	88	0.29
45-54 yrs	36912	196	70	159	0.72
55-64 yrs	20903	283	99	255	1.83
65-74 yrs	11601	369	147	371	4.45
75-84 yrs	5298	252	124	266	7.1
85+ yrs	1445	108	39	104	10.17
Unknown	1993	3	1	2	0.2
National	269788	1411	600	1329	0.75

Case Fatality ratio (CFR, in%) = $\frac{\text{Number of deaths from disease}}{\text{Number of confirmed cases of disease}} \times 100$

COVID-19 positive lab result is temporally associated with death; causal association under investigation.

A total of 2,011 deaths have been reported. Out of the total deaths, 1,411 (70.2%) were males and 600 (29.8%) were females. Amongst the deaths, 1,329 persons (66.4%) had at least one known comorbidity. Although the overall case fatality ratio (CFR) across all ages is less than 1 percent, it progressively increases with age beyond 65 years of age, ranging from 4.5% to 10.2%.

PREPAREDNESS AND RESPONSE

What are the Government of Nepal (GoN) & the Ministry of Health & Population (MoHP) doing?

- MoHP & Embassy of India organized a press briefing on 20 Jan 2021 to disseminate the COVID-19 vaccination plan.
- Nepal Government received 1 million doses of vaccine as a gift from Government of India. This will be enough to cover almost half of the targeted population planned in the 1st phase of the vaccination campaign, which will be launched on 27 Jan 2021 across 62 hospitals from all 7 Provinces in the country. There is a plan to have over 120 immunization centers for vaccination from 27 Jan 2021.
- Government of India (Ministry of Health and Family Welfare) organized a two day Training of Trainers (19-20 January 2021) targeting Asian countries where India is providing vaccines. Approximately 80 officials participated from Nepal including officials from MoHP, Department of Health Services (DoHS), provincial health officers, WHO and UNICEF staff.
- MoHP has endorsed Technical Guidelines for COVID-19 vaccine entitled 'Programme Operation Guidelines for Vaccination Campaign against COVID-19' and ensured required funding for the campaign. It is estimated that altogether 48 billion NPR would be required to vaccinate 72% of the targeted population. Currently, there is an approximately 9 billion NPR shortage to vaccinate the overall targeted population at this stage. The government is exploring domestic and international funding opportunities to address this gap.

What is the WHO Country Office for Nepal doing?

Laboratory Capacity

- WHO Nepal has been supporting the National Public Health Laboratory (NPHL) in monitoring quality standards of designated COVID-19 laboratories in the country through the National Quality Assurance Program (NQAP). A total of 11 designated COVID-19 labs participated in the NQAP this week. All participating laboratories were satisfactory with results of ≥90% concordance.
- Technical support has been provided by Country Office for Nepal in following activities:
 - Organizing a weekly virtual meeting targeting active participation from all designated COVID-19 laboratories in the country. This week, WHO facilitated a virtual meeting with a specific focus on 'EQAS status and other laboratory related issues for COVID-19 diagnosis'.
 - Revising protocols for 'Inter-laboratory comparison for COVID-19 Testing by Split sample analysis and Proficiency Testing'.

- Drafting 'Operational protocol for SARS-CoV-2 genetic sequence surveillance in Nepal'.
- Complementary DNA (cDNA) synthesis for targeted s-gene sequencing. A total of 11 samples suspected were identified and processed for targeted sequencing.
- WHO Nepal is supporting NPHL to draft a guideline for strengthening the National Influenza Surveillance Network (NISN).

Technical Expertise and Training

- The Country Office for Nepal convened a meeting at Health Emergency Operations Center (HEOC) with Chief of HEOC, Chief of Disaster management at Tribhuvan University Teaching Hospital (TUTH) on 21 January 2021. The purpose of the meeting was to prepare an Emergency Medical Deployment Team (EMDT) list from all 25 Hub hospitals and a focal person for 7 selected hospitals in 7 provinces to establish a telemedicine system.
- WHO Nepal attended a meeting at Curative Services Division (CSD) to discuss the "concept and modality of delivering telemedicine" and review the existing "telemedicine guidelines". Following the meeting on 24 January 2021, letters have been dispatched and sent to all 7 tertiary care hospitals in support of the telemedicine program. These hospitals include:
 1. BP Koirala Institute of Health Sciences
 2. Narayani Hospital
 3. Patan Academy of Health Sciences
 4. Karnali Academy of Health Sciences
 5. Bheri Hospital
 6. Seti Provincial Hospital
 7. Pokhara Academy of Health Sciences

Risk Communication and Community Engagement

- The following documents were translated this week:

SN	TRANSLATION DOCUMENT	Type
1	Infection prevention and control (IPC) principles and procedures for COVID-19 vaccination activities	Guidelines
2	Infection prevention and control (IPC) principles and procedures for COVID-19 vaccination activities	Summary
3	Weekly Evidence Brief_January 22	Evidence Brief
4	Messages on vaccination	Messages
5	Frequently asked questions by the general public	Messages
6	Online Global Consultation on Contact Tracing for COVID-19	Summary

- Science in 5 videos translated, dubbed, and published:

Episodes	Titles	Language	Links
21	COVID-19- Variants & Vaccines कोभिड-१९ सार्स-कोरोनाभाइरसको-२ को उत्पत्ति	Nepali	Link
21	COVID-19 - Variants & Vaccines कोभिड-१९ – सार्स-कोभ-२ विषाणुके उत्पत्ति	Maithili	Link

- The following vaccine messages by WHO Representative to Nepal were shared on social media including Facebook, Twitter, and YouTube:

S.N	Titles	Nepali Language	Links
1	Safety of vaccines	खोप कति सुरक्षित छन्?	Link
2	How vaccines work with our body to protect us?	हामीलाई सुरक्षा प्रदान गर्न खोपले हाम्रो शरीरमा कसरी काम गर्छ?	Link
3	The priority is to protect the health system and those at highest risk of serious disease	स्वास्थ्य प्रणाली र गम्भीर रोगको सबैभन्दा उच्च जोखिममा भएकाहरूलाई बचाउनु पहिलो प्राथमिकता हो	Link
4	Safe and effective vaccines will be a game changer	सुरक्षित र प्रभाकारी खोपले स्थितमा आमूल परिवर्तन ल्याउन सक्छ	Link
5	Safe and effective vaccines alone cannot solve the pandemic	सुरक्षित र प्रभावकारी खोप मात्रैले महामारीलाई समाधान गर्न सक्दैन	Link
6	Explanation about different terms like mRNA and different approaches	एमआरएनए जस्ता विभिन्न शब्दावली र विभिन्न पद्धतिका बारे व्याख्या	Link

Field Operation and Logistics

- Four Provincial HEOCs in Province 2, Bagmati, Lumbini and Karnali provinces were equipped with web cameras and speakers in an effort to strengthen communication among the various stakeholders.

What are the health cluster partners doing?

- Weekly Health Cluster Coordination meetings (every Thursday) for health sector response is ongoing at the Federal level for coordinated COVID-19 response support to MOHP. Provincial Health Directorate Offices are organizing the Provincial Level Health Cluster Coordination meeting bi-weekly.
- Health partners, including Reproductive Health sub-cluster and Mental health sub-cluster are supporting the continuation of COVID and non-COVID response throughout the country to ensure continuity of services in the COVID-19 context.
- Technical Assistance to Management Division for developing Water, Sanitation and Hygiene standards for healthcare facilities is currently being undertaken.
- Contactless Handwashing stations will be placed in 100 strategic positions (at least 15 in COVID-19 hospitals in coordination with Department of Health Services)
- Health Partners have supported National Health Education Information Communication Center (NHEICC) in the following activities:
 - Designed posters / flyers on COVID-19, in Nepali, Tharu and Maithili.
 - Reached 1 million people with Radio jingles, 6,30,912 people in Siraha, 4,23,656 people in Bardiya, 20,829 people through miking in Chaurideurali Rural Municipalities. [Link1](#), [Link2](#)
 - Translated COVID-19 message in Tharu and Maithili languages.

- Developed 3 TV Public Service Announcements (PSAs) on COVID-19 and broadcasted 5 Radio Jingles which aired in Kavre district.
- COVID-19 programmatic adjustment to Population Services International (PSI) affiliated private sector health providers engaged in current Sexual Reproductive Health projects including:
 - Ensuring provider awareness of WHO and national guidance and adoption of necessary preventive and protective measures to minimize occupational safety and health risks;
 - Ensuring providers adopt social distancing measures with and among clients in facilities to limit the risk of transmission;
 - Providing information, instruction, and training on infection prevention and control measures;
 - Supporting the rational use of personal protective equipment;
 - In the context of providing non-COVID-19 health services, supporting the provision of adequate and appropriate infection prevention and control and PPE supplies (surgical masks, gloves, goggles, gowns, hand sanitizer, soap and water, cleaning supplies);
 - Familiarizing providers with technical updates on COVID-19 so they are able to pre-screen clients, share infection prevention and control information with patients and the public according to national protocols, advise on and follow government protocols for self-quarantine/isolation and know their nearest GoN quarantine, isolation, and treatment/management sites for referral;
 - Ensure providers are aware of WHO/national tools for COVID-19 self-assessment, symptoms reporting, and staying home when ill.
- There has also been support for Psychological First Aid (PFA) service through telephone by the health partners.

WHO'S STRATEGIC OBJECTIVES FOR COVID-19 RESPONSE- [link here](#) **RECOMMENDATION AND ADVICE FOR THE PUBLIC**

- [Protect yourself](#)
- [Questions and answers](#)
- [Travel advice](#)
- [EPI-WIN](#): tailored information for individuals, organizations and communities

USEFUL LINKS

- MoHP COVID-19 official portal is available [here](#).
- Nepal COVID-19 regular updates and resources are available [here](#)
- For COVID-19 updates from the WHO South-East Asia Region Office, please visit [here](#).
- For information regarding corona virus disease from WHO, please visit [here](#)
- Please visit this [site](#) for all technical guidance from WHO.
- Online courses on COVID-19 from WHO can be found [here](#)
- Global corona virus disease situation dashboard can be found [here](#)
- Visit the WHO Nepal [Facebook page](#) and webpage on COVID-19 [here](#)

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